THE RECOVERY KERNEL

Substance-Specific Navigation Series

HOW TO RECOVER FROM CHEMSEX

The Polydrug Recovery Guide

Using the Recovery Kernel Framework

Crystal Methamphetamine · GHB / GBL · Mephedrone (4-MMC) · Cathinones · MDMA · Cocaine · Slamming

⚠ HARM REDUCTION RESOURCE — NOT MEDICAL ADVICE | Crisis: call 911 or text 988

THIS GUIDE ADDRESSES THE SPECIFIC BIOLOGY OF MULTIPLE SIMULTANEOUS SUBSTANCE DEPENDENCIES.

Each substance in the chemsex pattern requires its own recovery track, run in parallel. This guide coordinates them.

A Note Before You Begin

This is the most complex guide in the Recovery Kernel's Substance-Specific Navigation Series. It is complex not because any single substance in the chemsex pattern is more complicated than the others individually — the meth guide, the GHB guide, and the cocaine guide each address their subject in full — but because chemsex presents a recovery challenge that is fundamentally different in character from single-substance addiction.

Chemsex is not three addictions. It is one addiction expressed through three simultaneous pharmacological mechanisms, organized around a specific context (sexual experience), embedded in a specific community (primarily though not exclusively gay, bisexual, and men who have sex with men communities), and involving health consequences that extend beyond neurobiology to encompass HIV transmission, sexually transmitted infections, and a pattern of sexual behavior that the substances were specifically used to enable.

The compendium names the chemsex trinity explicitly: Crystal Meth, GHB/GBL, Mephedrone. It identifies them as operating as 'a Denial of Service (DoS) attack on the user's judgment centers.' It names the specific pharmacogenomic

vulnerabilities that make certain people particularly susceptible. And it contains an entire specialist protocol series — Protocol 35S and its sub-protocols — specifically for this population.

This guide integrates the individual substance recovery tracks from elsewhere in this series with the additional dimensions that chemsex recovery requires: the sexual health framework, the HIV and STI medical priorities, the chemical intimacy trap and the flatline, sober sexuality, and the community architecture that replaces the chemsex scene without requiring the abandonment of the person's sexual identity and community.

The recovery from chemsex is not the recovery from three separate drugs. It is the recovery of a complete self — sexual, social, biological, and relational — from a pattern that consumed all four simultaneously.

Read Section 0 before anything else.

Section 0 — Immediate Safety: Read This First

Medical Emergencies by Substance

⚠ THE CHEMSEX COMBINATION IS MORE DANGEROUS THAN ANY INDIVIDUAL SUBSTANCE. GHB + METH = COMBINED CARDIAC AND RESPIRATORY RISK. GHB + ALCOHOL = 'HARD FAIL' COMBINATION THAT CAN BE FATAL. NEVER COMBINE GHB WITH ALCOHOL OR OTHER DEPRESSANTS.

Emergency type	Signs and symptoms	Response
GHB overdose (most common acute danger)	Unresponsive to voice or pain, slow or stopped breathing, blue lips or fingernails, vomiting while unconscious, seizure	Call 911 IMMEDIATELY. No reversal agent exists. Roll to recovery position. Stay until EMS arrives. Do not leave alone. Naloxone does NOT work on GHB.
Meth cardiac event	Chest pain, irregular heartbeat, shortness of breath, sudden severe headache, left arm pain, jaw pain, facial drooping, arm weakness	Call 911 IMMEDIATELY. Lie down. Do not exert. This is a heart attack or stroke. Every minute without medical treatment increases damage.
Meth psychosis	Believing things that are not real (paranoid delusions), seeing or hearing things that are not there (hallucinations), agitation or violence, inability to recognize reality	Call 911 if there is danger to the person or others. Move to quiet, low-stimulation environment. Speak calmly. Do not argue with the content of the delusions. Medical evaluation required — psychosis can persist days to weeks after last meth use.
Mephedrone / cathinone overdose	Chest pain, hypertension, hyperthermia (high body temperature), seizure, severe agitation, psychosis	Call 911. Cool the person (remove excess clothing, cool environment). Do not restrain if possible. Medical evaluation required — cathinone cardiac events are documented.
Slamming (IV injection) emergency	Abscess or severe redness at injection site, fever with rigor (shaking chills), chest pain with fever (possible endocarditis), difficulty breathing	Call 911 for fever + rigors or chest pain + fever. These may indicate septicaemia or endocarditis — life-threatening conditions requiring IV antibiotics. Do not 'wait and see' with these symptoms.
Sexual assault	Chemsex contexts frequently	You have the right to medical

during chemsex	involve drug-facilitated sexual assault — the substances that were consented to are used to enable sexual activity that was not consented to	care, PEP (if within 72 hours), and support regardless of the context. RAINN National Sexual Assault Hotline: 1-800-656-4673. Emergency department will provide forensic examination and PEP if desired.

HIV and STI Emergency Response

THE CENTURION — The 72-Hour Window That Saves Lives

The compendium's Protocol 42 frames PEP as the 'Emergency Rollback' — the System Restore Point that must be initiated within 72 hours of a potential HIV exposure. If you have had sex without condoms during chemsex and there is any possibility of HIV exposure — do not wait to find out. Start PEP now.

Intervention	What it does	Time window and access
PEP (Post-Exposure Prophylaxis)	28-day course of antiretroviral medications that prevents HIV from establishing infection after potential exposure. Efficacy decreases with time and drops to zero after 72 hours.	Must start within 72 hours — the sooner, the more effective. Available at any emergency department, sexual health clinic, or HIV specialist. Ask explicitly: 'I need PEP for potential HIV exposure.'
PrEP (Pre-Exposure Prophylaxis)	Daily medication (Truvada/Descovy) or long-acting injection (Apretude) that reduces HIV transmission risk by over 99% when maintained. The compendium calls it 'the Pre-Execution Firewall.'	Start before the next chemsex encounter. Available through GPs, sexual health clinics, and HIV services. If you are not already on PrEP and you participate in chemsex — start PrEP today, before the next session.
STI testing and treatment	Gonorrhoea, chlamydia, syphilis, herpes, HPV, hepatitis A and B are all transmitted in chemsex contexts. Many are asymptomatic. Regular testing is the only way to know.	Minimum every 3 months for chemsex-active individuals. Test at every sexual health check-up even without symptoms. Treat immediately when found — STI presence amplifies HIV transmission risk significantly.
U=U (Undetectable = Untransmittable)	An HIV-positive person with a fully suppressed viral load (below 200 copies/mL) cannot sexually transmit HIV. This is not a risk reduction strategy — it is a biological fact established by the PARTNER and PARTNER2 studies.	If you or a partner is HIV-positive: the only relevant question is whether treatment is adherent and viral load is suppressed. An undetectable viral load makes HIV transmission impossible in sexual contexts.

Naloxone — Carry It for GHB Sessions

Naloxone (Narcan) does not reverse GHB overdose. However, if opioids are also present in the chemsex context — which increasingly occurs as fentanyl-adulterated supply reaches all drug categories — naloxone can save lives. Carry it regardless. The chemsex environment is one where multiple substances are often present, including substances the person may not know they have taken.

Available without prescription at most US pharmacies. Never Use Alone hotline: 1-800-484-3731.

Section 1 — What Chemsex Did to Your Brain, Body, and Sexuality

THE CENTURION — The Trinity Was Not Three Drugs. It Was One Architecture.

The chemsex trinity — crystal methamphetamine, GHB/GBL, and mephedrone (with cathinones, MDMA, cocaine, and others as context-specific variations) — was not chosen randomly. Each substance plays a specific functional role within the chemsex architecture, and the combination is intentional at a neurobiological level even when it is not consciously designed:

The Functional Architecture of the Trinity

Substance	Primary neurobiological role in chemsex	What it enabled sexually	What it cost
Crystal methamphetamine	Massive dopamine and norepinephrine release: extreme motivation, energy, alertness, hypersexuality. The engine. Also reduces inhibitions and enhances sensory experience.	Hours to days of continuous sexual activity. Hypersexual drive that overrides fatigue, doubt, and discomfort. Sense of confidence and desirability. Disinhibition of sexual behaviors that felt impossible sober.	Dopamine system devastation (D2 downregulation). Sleep deprivation. Neurotoxic damage at sustained high doses. Psychosis. The longest recovery timeline of the trinity — 12–24 months for full dopamine system repair.
GHB / GBL	GABA-B agonist: disinhibition, euphoria, physical relaxation, sensory enhancement. The counterbalance to meth's anxiety — GHB smooths the stimulant edge and reduces the paranoia and jaw-clenching that high-dose meth produces.	Removal of physical and psychological inhibition. Reduction of meth-induced anxiety. Muscle relaxation that enables sexual practices. Feeling of warmth, openness, and emotional availability. The 'social lubricant' of the trinity.	The most medically dangerous withdrawal of the trinity — seizure and psychosis risk within hours of missed dose at dependent doses. Bladder damage with GBL in some patterns. The tightest physical dependence of the three substances.
Mephedrone / cathinones	Triple reuptake inhibition (dopamine, serotonin,	Intense emotional and physical intimacy. The tactile enhancement (touch	Cardiovascular risk (cardiac arrhythmia at high doses). Neurotoxic potential. Serotonin

	norepinephrine) similar to cocaine but with stronger empathogenic effects than cocaine and shorter duration: the social-emotional amplifier. The glue.	feeling extraordinary) that enables sustained physical intimacy. Social warmth and emotional openness. Sense of genuine connection with partners that sober experience rarely provides for some people.	system disruption similar to MDMA. Rapid tolerance development. Compulsive redosing due to short duration. Significant comedown including depression and anxiety.
MDMA (frequent addition)	Serotonin flood: oxytocin release, emotional intimacy, empathogenic effects, tactile enhancement, euphoria. Often added to the trinity for its specific emotional-connection properties.	The deepest sense of emotional connection and acceptance. The feeling of being truly seen and wanted. Reduction of sexual shame. The 'love drug' in the context of sexual-emotional experiences that ordinary consciousness rarely produces.	Serotonin neurotoxicity with frequent use. MDMA comedown ('Tuesday blues') is serotonin depletion — depression, anxiety, social withdrawal. Recovery requires serotonin system repair alongside dopamine work. The most emotionally vulnerable period in the immediate aftermath of use.

What the Chemsex Pattern Was Organizing Around

THE CENTURION — The Substances Were Not the Goal. The Experience Was.

Understanding chemsex recovery requires understanding what the experience itself was providing — not the individual drugs, but the totality of the state they created together. The compendium names the individual substances as 'the Chemsex Daemon' that 'disables the user's native threat detection algorithms.' But this framing, while accurate for harm reduction purposes, describes the mechanism while underselling the power of what was being sought.

What chemsex was providing — honestly and without pathologizing the need:

- Sexual disinhibition: for many people whose sexuality carries shame, internalized homophobia, or the historical weight of belonging to a community that was criminalized, pathologized, and decimated by AIDS within living memory — the chemical removal of inhibition was not recreational. It was liberation. The freedom from shame that the substances provided was real, and it was providing access to a sexual selfhood that felt impossible without them.

- Radical acceptance and belonging: the chemsex scene, at its best, provides a community of radical acceptance — spaces where queer sexuality in all its forms is celebrated rather than tolerated. The belonging was genuine. The connection was genuine. The substances amplified it pharmacologically, but the thing being amplified was real.
- Extreme physical and emotional intimacy: mephedrone's tactile enhancement and MDMA's empathogenic properties create experiences of physical and emotional intimacy of an intensity that ordinary consciousness rarely produces. For people who had experienced significant emotional isolation, relational trauma, or difficulty with vulnerability — the depth of connection that chemsex enabled felt like the only available access point to genuine human contact.
- Endurance and performance: crystal meth's extreme energizing and meth's suppression of fatigue enable sexual activity over hours or days that would be biologically impossible sober. For people who felt inadequate in their sexual performance without the drug, this functional enhancement became a necessity rather than an enhancement.
- The k-hole and dissociation (with ketamine): in contexts where ketamine was added, the dissociative dimension provided access to states of consciousness specifically sought for their own phenomenological character alongside the sexual experience.

None of these functions disappear when the substances are removed. Recovery must address every one of them — not by finding that they were illusory, but by finding genuine, non-pharmacological pathways to the same experiences.

The Polydrug Withdrawal Reality

THE CENTURION — Three Withdrawals Happening Simultaneously — With Different Medical Urgency Levels

⚠ THE MOST DANGEROUS ELEMENT OF CHEMSEX WITHDRAWAL IS GHB/GBL. IF YOU ARE DOSING GHB/GBL REGULARLY — SEVERAL TIMES DAILY — DO NOT STOP ABRUPTLY. SEEK MEDICAL SUPERVISION BEFORE REDUCING. METH WITHDRAWAL AND MEPHEDRONE WITHDRAWAL, WHILE BRUTAL, ARE NOT MEDICALLY DANGEROUS IN THE SAME WAY.

Substance	Withdrawal medical urgency	Peak difficulty timeline	Primary withdrawal features
GHB / GBL	CRITICAL — Seizure and psychosis risk. Do not stop abruptly if dosing 3+ times daily. Medical	Hours 2–72 after last dose — acute danger window	Seizures, delirium, hallucinations, extreme autonomic instability, severe anxiety, sweating, tachycardia. Requires

	supervision required.		baclofen or benzodiazepine medical management. Refer to GHB guide in this series for full protocol.
Crystal methamphetamine	HIGH — Psychologically brutal; not medically dangerous in the acute sense	Days 1–14 for acute phase; weeks to months for anhedonia	Extreme fatigue and hypersomnia (crash), profound depression, anhedonia, intense cravings, anxiety. The meth crash after a multi-day chemsex session is among the most severe withdrawal states in stimulant medicine.
Mephedrone / cathinones	MODERATE — Not medically dangerous acutely but severe psychological distress	Days 1–5 peak; weeks for mood normalization	Depression, anxiety, fatigue, anhedonia, cognitive impairment, strong cravings, emotional lability. Serotonin depletion is pronounced — depression can be severe and requires monitoring.
MDMA (if regularly included)	MODERATE — Serotonin depletion produces severe post-use depression	Days 3–7 peak; weeks to months for serotonin recovery	Severe 'comedown' depression (the 'Tuesday blues' of MDMA use), anxiety, emotional numbness, social withdrawal, cognitive impairment. The more frequently MDMA was used, the more severe the serotonin depletion.

The clinical approach: address GHB withdrawal first — this is the medical emergency. The meth crash and mephedrone withdrawal will happen simultaneously but are not immediately life-threatening. Their management runs in parallel once the GHB medical priority is addressed.

Section 2 — Your Genomic Blueprint

The compendium names two specific pharmacogenomic vulnerabilities for chemsex: COMT Val/Val (Warrior — driving high-risk sensation seeking through dopamine deficit) and MTHFR variants (reducing mucosal lining integrity and impairing neurotransmitter synthesis). The full genomic panel for chemsex recovery draws from the individual substance guides but has chemsex-specific implications:

Gene	Variant	Chemsex-specific role	Recovery implications
COMT	Val/Val (rs4680) — Warrior constitution	The compendium's primary chemsex genomic driver. Fast COMT = low baseline dopamine = driven toward high-intensity stimulation including sexual novelty and risk. The Warrior seeks intensity because intensity is the only thing that provides adequate dopamine signal.	Recovery architecture must provide genuine intensity — competition, physical challenge, creative achievement, meaningful risk. The Warrior who leaves chemsex without building equivalent intensity architecture will relapse, not from moral failure, but from neurobiological necessity.
MTHFR	C677T (rs1801133) and A1298C (rs1801131)	The compendium specifically names MTHFR variants as increasing HIV transmission risk through compromised mucosal lining integrity — the physical tissue barrier. Additionally impairs neurotransmitter synthesis underlying the anxiety and shame that chemsex was managing.	5-MTHF supplementation addresses both the mucosal integrity issue and the neurotransmitter synthesis deficit simultaneously. This is non-optional for MTHFR variant carriers in chemsex recovery — it addresses the physical HIV risk factor AND the neurochemical driver of the chemsex pattern.
GABRA2	rs279858 / rs279845 high-risk haplotype	Determines severity of GHB dependence and withdrawal risk. High-risk GABRA2 carriers have the lowest baseline	GABRA2 high-risk = slower GHB taper required, more severe PAWS, longer timeline to natural GABA tone recovery. Also determines seizure risk during GHB withdrawal — essential

		GABAergic inhibitory tone — GHB provides extraordinary relief that these individuals experience more powerfully than others.	information for medical team.
DRD2 / ANKK1	Taq1A A1 allele (rs1800497) — Reward Deficiency Syndrome	Reduced D2 receptor density = chronically insufficient dopamine signal = powerful drive toward any experience that overcomes the deficit. Chemsex's multi-substance dopamine flooding provides relief for this deficit more effectively than almost any other experience.	The person with DRD2 A1 allele cannot be expected to find sober life adequate without deliberate construction of multiple intense reward sources. Single-source recovery is not sufficient. The natural addiction architecture must be genuinely multi-channel.
DAT1 / SLC6A3	10-repeat VNTR allele (rs28363170)	Higher dopamine transporter expression = faster dopamine reuptake = lower baseline dopamine availability = stronger response to meth's DAT blockade. Also strongly associated with ADHD — meth self-medication for ADHD is a documented chemsex pathway.	ADHD evaluation is clinically important in chemsex recovery — the meth was potentially self-medicating genuine ADHD. Non-stimulant ADHD treatment addresses the underlying condition while removing one of meth's functional drivers.
SLC6A4 / 5-HTTLPR	Short/short allele — reduced serotonin transporter expression	Higher anxiety sensitivity, higher risk for shame-driven sexual behavior, higher response to mephedrone and MDMA's SERT blockade (the emotional warmth and acceptance they	Serotonin reconstruction is co-primary alongside dopamine recovery for SLC6A4 short/short carriers. The anxiety and shame that predated chemsex were biological, not moral, and require biological as well as therapeutic addressing.

		provide). The short/short carrier may have found mephedrone and MDMA's serotonergic effects the most compelling dimension of chemsex.	
CYP2B6	*6/*6 poor metabolizer (rs3745274)	GHB metabolism — poor CYP2B6 metabolizers accumulate GHB and norketamine at higher plasma levels. The compendium's 'Dissociative Logjam Risk.' In the chemsex context, poor CYP2B6 metabolizers may develop GHB dependence faster and at lower doses than others.	Essential information for the medical team managing GHB withdrawal and taper. CYP2B6 poor metabolizers require lower baclofen doses and more careful monitoring due to drug accumulation.
FAAH	C385A (rs324420) — reduced FAAH activity	The endocannabinoid metabolism gene. Relevant if cannabis was part of the chemsex pattern (common, particularly for modulation of stimulant anxiety). Also affects anandamide availability — the natural social bonding and pleasure molecule.	FAAH A/A carriers have higher natural anandamide tone — more natural capacity for the social bonding and pleasure that chemsex was providing pharmacologically. Exercise and social connection activate this system. The natural recovery pathway is partly endocannabinoid for this profile.

Section 3 — The Detox Protocol — Sequenced for the Polydrug Reality

THE CENTURION — Three Recovery Tracks, One Person, One Coordinated Plan

Chemsex recovery cannot be managed with a single-substance approach. The three primary substances require three parallel recovery tracks, each with its own timeline, medical requirements, and supplement strategy. The tracks do not replace each other — they run simultaneously, coordinated.

The sequencing principle: address GHB first (medical emergency), establish the medical and supplement framework for all three, then progressively build the behavioral and relational recovery architecture.

Track 1: GHB/GBL — The Medical Priority

If you are dosing GHB/GBL three or more times daily, this is your immediate medical priority. Do not attempt to manage GHB withdrawal alone. The full GHB protocol from the GHB guide in this series applies. Key elements:

- Baclofen taper under physician supervision — the most pharmacologically specific intervention for GABA-B withdrawal
- If baclofen is unavailable, high-dose benzodiazepine protocol under medical supervision
- GABRA2 variant status informs the taper timeline — high-risk variants require slower reductions
- Supplement stack begins Day 1: magnesium glycinate (400–600mg split), P5P (25–50mg), 5-MTHF (400mcg), L-theanine (200–400mg as needed)
- Selank (intranasal) for anxiety management during taper — non-addictive, directly relevant to GABA-B recovery
- Epitalon for sleep architecture normalization during the nocturnal-dosing recovery period

Track 2: Crystal Methamphetamine — The Dopamine Reconstruction

The meth track begins simultaneously with the GHB medical management. There is no medical emergency from meth withdrawal itself — but the meth crash after a multi-day chemsex session is one of the most severe psychological states in addiction medicine. Prepare for it.

- Allow the crash: Protocol 01 (Shelter), sleep, hydration, protein-rich food when appetite returns

- Tyrosine (500–1000mg, morning, away from protein): dopamine precursor — begin Day 3–5 when eating regularly
- NAC (600mg twice daily with food): glutamate homeostasis; craving reduction
- Uridine + DHA + CDP-Choline (Brain Stack): D2 receptor density upregulation — the structural recovery of the dopamine system
- Exercise begins as soon as physically possible — BDNF is the repair signal for meth-induced dopamine axon damage
- Semax (intranasal): BDNF upregulation and prefrontal cortex recovery; the cognitive fog of post-meth chemsex sessions responds to this
- BPC-157: directly counteracts dopamine system disruption from stimulants in research models

Track 3: Mephedrone and Cathinones — The Serotonin Reconstruction

Mephedrone and cathinone recovery is architecturally similar to cocaine recovery (triple reuptake inhibition) with a heavier serotonin component similar to MDMA. The serotonin dimension is particularly important for chemsex recovery because it was the serotonin flood of mephedrone that provided the emotional intimacy and warmth that made chemsex feel like genuine connection.

- 5-HTP (50–100mg, evening): serotonin precursor — the most important supplement for the emotional flatness and social withdrawal of post-mephedrone recovery
- 5-MTHF (400–1000mcg, morning): foundational methylation support; the compendium's non-negotiable for MTHFR variants
- Inositol (4–12g, divided with meals): serotonin receptor sensitivity modulation; particularly useful for the anxiety and obsessive craving quality of mephedrone recovery
- Omega-3 EPA-dominant (2–4g daily): mood support and anti-neuroinflammatory
- If MDMA was regularly included: the serotonin depletion may be severe — allow 6–8 weeks minimum before expecting genuine mood recovery; 5-HTP and rest are the primary tools

The Combined Withdrawal Timeline for Chemsex

Timeline	GHB / GBL track	Meth track	Mephedrone track
Hours 0–72	MEDICAL EMERGENCY	Crash. Sleep.	Crash and

	window. Baclofen or benzo protocol. Monitoring. Seizure precautions. This is the only track that matters in this window — everything else waits.	Hypersomnia. Do not fight it. The body is demanding rest. Hydrate. Eat what you can.	depression. Allow. Rest is the medicine.
Days 3–7	Acute danger passing if medically managed. GABA system still severely depleted. Magnesium, L-theanine, Selank for anxiety. No sudden benzo reduction.	Profound depression and anhedonia. This is the hardest window for meth track. Protocol 01. Support contact. Begin tyrosine and NAC if eating.	Peak depression and anxiety. 5-HTP begins. Serotonin precursor support. Emotional flatness is the system rebuilding.
Weeks 1–4	GHB taper continuing under physician supervision. Supplement stack building. Selank daily for anxiety. Sleep slowly improving with Epitalon. GABA receptor upregulation underway.	Anhedonia dominant. Exercise begins — mandatory, not optional. NAC and Brain Stack running. Cravings for the meth-sex combination emerge as the strongest craving signal.	Gradual mood improvement. Social withdrawal may feel extreme — the serotonergic intimacy is gone. 5-HTP and inositol. Gentle social re-engagement.
Months 1–3	GHB taper may be completing or in final stages. GABA system substantially recovering. PAWS episodes — anxiety waves — require the 4-7-8 breath interrupt and Selank.	D2 receptor upregulation measurably progressing. Genuine moments of pleasure returning. Cognitive clarity improving. Sexual response returning — may be confusing without the chemical enhancement context.	Serotonin system rebuilding. Social ease gradually returning. The emotional warmth that mephedrone provided starts to appear — tentatively, intermittently — in genuine connection.
Months 3–12	GHB track largely complete with appropriate taper. Natural GABA tone rebuilding through breathwork and exercise. PAWS waves decreasing.	Dopamine system at or near baseline. Natural sexual desire returning. The flatline (below) is resolving. The compulsive nature of the meth-sex connection weakening.	Serotonin baseline recovered. Social confidence without the drug becoming more accessible. The intimacy that mephedrone provided can begin to be found in genuine connection.

Section 4 — Biological Reconstruction — The Unified Stack

The chemsex recovery supplement stack integrates the individual tracks from the GHB, meth, and cocaine/mephedrone guides with the chemsex-specific additions. The goal: simultaneously rebuild GABA-B function (GHB track), dopamine synthesis and D2 density (meth track), and serotonin tone (mephedrone/MDMA track) — while addressing the methylation foundation that underlies all three.

4.1 — The Methylation Foundation — Non-Negotiable for All Tracks

Supplement	Dose	Timing	Why it matters specifically for chemsex recovery
5-MTHF (L-methylfolate)	400–1000mcg daily	Morning with food	The compendium specifically names MTHFR variants as increasing HIV transmission risk through mucosal compromise. 5-MTHF directly addresses this — supporting mucosal integrity at the cellular level — while simultaneously providing the neurotransmitter synthesis support that underpins all three recovery tracks. For chemsex recovery, this is the single most important supplement for addressing both the physical HIV risk factor and the neurochemical drivers.
Methylcobalamin (B12)	1000–2000mcg sublingual	Morning	Synergistic with 5-MTHF. The multi-system depletion of chemsex (dopamine, serotonin, GABA simultaneously) places maximal demand on B12-dependent synthesis pathways. Sublingual form for optimal absorption. Supports myelin integrity relevant to meth-induced neurological damage.
P5P (active B6)	25–50mg	Morning	Cofactor for GABA synthesis (GHB track), dopamine synthesis (meth track), and serotonin synthesis (mephedrone track) simultaneously. P5P-dependent enzymes are under maximum

			demand in chemsex recovery. Non-negotiable across all three tracks.
Magnesium glycinate	400–600mg elemental	Morning and evening	The highest-priority physical supplement for two of the three tracks simultaneously: GABA-B system support (GHB track) and NMDA modulation / anxiety reduction (meth withdrawal track). Also supports cardiovascular function — relevant given mephedrone and meth's cardiac burden. Start Day 1.

4.2 — The Integrated Neurotransmitter Stack

Supplement	Dose	Timing	Primary track	Notes
L-Tyrosine	500–2000mg	AM, away from protein	Meth / dopamine	Start Day 3–5 when eating regularly. Dopamine precursor — addresses the primary deficit of the meth track. Away from protein for uptake.
NAC	600–1200mg 2x daily	Morning + evening, with food	All tracks	Glutamate homeostasis relevant to all three tracks. Start Day 1. Craving reduction evidence across all substance categories. Also hepatoprotective.
Uridine + DHA + CDP-Choline (Brain Stack)	250mg UMP + 1g DHA + 250mg CDP-choline	Morning together	Meth / dopamine	D1/D2 receptor upregulation — the structural recovery of the dopamine system damaged by meth. This is the long game — takes weeks to months but is the most evidence-supported receptor recovery approach available.

5-HTP	50–100mg	Evening, 30 min before bed	Mephedrone / MDMA / serotonin	Serotonin precursor — addresses the triple serotonin depletion (mephedrone + MDMA + overall system). Critical for mood recovery and sleep. The social ease return begins here.
L-Theanine	200–400mg	As needed, 2–3x daily	GHB / anxiety	GABAergic and NMDA-modulating anxiolytic. Non-addictive. Particularly important for the GHB track's severe anxiety window. The primary non-pharmacological GABA support tool in acute phase.
Taurine	1–2g daily	With meals	GHB / GABA	GABA receptor support; neuroprotection; hepatoprotective — relevant for GBL users whose liver processes the precursor. Start after GHB taper is underway, not during active medical management.
Inositol	4–12g (titrate)	Divided with meals	Mephedrone / serotonin	Serotonin receptor sensitivity; anxiety reduction; evidence for compulsive quality of craving. Particularly relevant for the obsessive chemsex craving that often presents in recovery.
Omega-3 EPA + DHA	2–4g daily	With food, morning	All tracks	Anti-neuroinflammatory; BDNF support; mood (EPA-dominant); membrane support

				for receptor recovery (DHA). Addresses damage from all three substances simultaneously.
Lion's Mane mushroom	500–1000mg	Morning	Meth / cognitive	NGF + BDNF stimulation. Addresses meth's direct suppression of neuroplasticity molecules. Cognitive repair — the fog of post-meth chemsex sessions is among the most pronounced cognitive impairments in addiction medicine.

4.3 — The Peptide Layer

Peptide	Mechanism across chemsex tracks	Primary track	Notes
BPC-157	Dopamine and serotonin normalization; GABA-B modulation; gut-brain repair; anti-inflammatory; tissue healing	All tracks — polydrug	The most versatile peptide across the chemsex recovery framework — it addresses dopamine (meth), serotonin (mephedrone), GABA-B (GHB), and gut repair (all three substances disrupt gut microbiome) simultaneously. Start Day 1 of post-detox phase. Oral or subcutaneous.
Selank	Anxiolytic via GABA and serotonin; reduces anxiety without dependence; directly relevant to GHB withdrawal anxiety and mephedrone serotonin depletion anxiety	GHB + mephedrone tracks	The most important peptide for the anxiety dimension — addressing both the GABA withdrawal anxiety (GHB track) and the serotonergic anxiety (mephedrone/MDMA track). Non-addictive. Intranasal. Daily in acute phase.
Semax	BDNF and NGF upregulation;	Meth track — cognitive	The cognitive impairment of multi-day meth-based

	cognitive repair; dopamine modulation; prefrontal cortex recovery		chemsex sessions is severe. Semax addresses the BDNF suppression that meth produces and supports the prefrontal recovery that enables clear decision-making in recovery. Intranasal. Begin Week 1.
Epitalon	Sleep architecture; pineal pathway; circadian normalization	GHB track — sleep	The nocturnal GHB dosing pattern devastates circadian rhythm. Epitalon supports the pineal pathway as the GHB taper removes the external sleep-induction mechanism. First 4–6 weeks.

Section 5 — Sexual Health and Recovery

THE CENTURION — The Dimension That Standard Recovery Ignores and Chemsex Recovery Cannot

Every other substance guide in this series contains a sexual health section that is brief or peripheral. The chemsex guide cannot do this. Sexual experience was the organizing context around which the entire polydrug pattern was built. Recovery from chemsex is incomplete — biologically, psychologically, and relationally — without directly addressing the sexual dimension.

This section draws directly from the compendium's Protocol 35S series (the specialist protocols for this population) and from the sexual recovery content in the compendium's Volume V.

5.1 — The Complete Sexual Health Medical Assessment

THE CENTURION — The Tests That Cannot Wait

Before anything else in the sexual recovery work: the medical assessment. These tests are not optional and should happen in the first week of recovery, not when you feel ready.

- HIV test: Fourth-generation antigen/antibody test. If any recent potential exposure — also initiate PEP if within 72 hours. If HIV-positive: connect with HIV care provider immediately. Treatment is available, effective, and enables full life and sexual health. U=U is real.
- STI panel: gonorrhoea (urethral, rectal, pharyngeal swabs), chlamydia (same sites), syphilis (serology), herpes (serology if not previously tested), hepatitis C (if any IV drug use including slamming), hepatitis B (serology and vaccination status).
- Hepatitis B vaccination if not immune: three-dose series provides lifelong protection.
- HPV vaccination if eligible (up to age 45 in many guidelines): significantly reduces HPV-related cancer risk.
- Mpox vaccination if not immune and in endemic area: two-dose Jynneos vaccine. Mpox is transmitted in the same sexual networks where chemsex occurs.
- CBC for levamisole agranulocytosis if cocaine was part of the pattern.
- Comprehensive metabolic panel: kidney and liver function — relevant for GBL users (hepatic conversion pathway) and for any IV drug use.
- Cardiovascular assessment: ECG if significant meth or mephedrone use. Blood pressure monitoring.

Ongoing sexual health testing schedule during recovery: minimum every 3 months for the first year. More frequently if sexually active. Testing is not punitive — it is the practice of taking your health seriously.

5.2 — The Chemical Intimacy Trap

THE CENTURION — The Compendium Names This Precisely — 'A Gap in Learning'

The compendium says this about the chemical intimacy trap: 'For many people in recovery, the first sober sexual experience is not a return. It is a first. Drink by drink, hit by hit, every intimate encounter was mediated by chemistry. The nervous system never learned how to tolerate the nakedness of genuine contact — the exposure, the uncertainty, the depth of feeling that comes when nothing buffers the encounter between two people. This is not a moral failure. It is a gap in learning.'

In chemsex recovery, this gap is often more profound than in any other substance recovery. The drugs were not incidentally present during sex — they were the prerequisite for sex. The nervous system never practiced the skills of sober sexual intimacy because the opportunity for sober sexual intimacy essentially never arose.

What this means for recovery: the first sober sexual experience after chemsex is genuinely new territory. It is not the restoration of a pre-drug sexual self. For many people in this recovery, there was no pre-drug sexual self to restore — the chemsex pattern began in the formative years of sexual development.

5.3 — The Flatline

THE CENTURION — The Season That Feels Like Permanent Loss and Is Not

The compendium describes the flatline: 'Early recovery brings, for many, a silence where desire once lived. No arousal. No interest. No pull toward intimacy of any kind.' In chemsex recovery, the flatline is almost universal — because the dopamine and serotonin systems that were flooded to produce hypersexual states are now depleted, and the brain has temporarily decommissioned the sexual arousal circuits that were chronically overstimulated.

Flatline experience	What is actually happening	What to do
No sexual desire — complete absence of arousal or interest	Dopamine and serotonin systems depleted; reward circuitry calibrating away from artificially intense signals; the brain is rebuilding the sensitivity to natural	The compendium's instruction: do not panic, do not test, do not force. This is a season, not a verdict. Tend the soil — sleep, exercise, nutrition, connection — the substrate on which desire

	stimulation that was overwritten by years of chemical flooding.	rebuilds. The flatline ends. Duration varies: 1–3 months for meth-primary chemsex; 3–6+ months for patterns involving frequent MDMA.
Sober sex feels flat, mechanical, or impossible to engage with	The nervous system learned that sexual arousal = drug state. The drug state is absent. The arousal architecture is still looking for its accustomed trigger. The natural arousal pathway is present but unfamiliar.	Lower-stakes intimacy first: non-sexual physical contact (touch, massage, holding) that is not performance-requiring. Gradual reintroduction of sensual experience without the pressure of sexual performance. Sexual shame is often the hidden presence here — therapeutic support may be needed.
Attempting to 'test' whether function has returned	The compendium: 'Watching pornography to see if arousal still functions, or obsessively checking for signs of response, introduces anxiety into a system that heals through rest. Every test delays the reboot.'	Stop testing. The testing is the problem, not the evidence of a problem. The anxiety the testing creates is what is preventing the return of natural arousal. The compendium instructs: 'Notice without chasing.' Signs of returning desire do not need to be acted on immediately.

5.4 — Rebuilding Sober Sexuality

THE CENTURION — Learning What Was Never Taught — Contact Without Buffers

The compendium says: 'Genuine physical contact that was previously mediated by chemistry requires relearning from the ground up. The skills of sober intimacy — being present in the body, tolerating the vulnerability of being seen, staying when the feeling is overwhelming — were bypassed. Recovery is not a return. It is a beginning.'

The practical framework for rebuilding sober sexuality in chemsex recovery:

- Months 1–3 (the flatline season): no pressure to engage with sexual activity. Focus on non-sexual physical intimacy — touch, warmth, physical presence with trusted people. The nervous system is relearning that bodies can be in proximity without chemical intervention. This is genuine neurological learning, not a therapeutic nicety.
- Month 3 onwards (when desire begins to return): start with lower-intensity, lower-stakes intimate experiences. Not the multiple-partner, multi-day marathon that chemsex provided — that is a destination for later, if it

remains part of the sexual identity, rebuilt on a sober foundation. Start with what the nervous system can sustain without shutdown.

- Sexual shame: for many people in chemsex recovery, particularly those who used chemical disinhibition to access sexual experiences that felt impossible or shameful sober, the return of sobriety brings the return of shame. This is not evidence that the sexual desire itself was wrong. It is evidence that the shame predated chemsex and requires its own therapeutic attention. LGBTQ+-affirming therapy is the appropriate context for this work.
- HIV status and sexual identity: if HIV-positive — whether newly diagnosed or long-standing — the sexual recovery work includes the emotional processing of the diagnosis alongside the practical reality of U=U. An undetectable person cannot transmit. This changes the sexual landscape fundamentally — for many people it removes a fear that was driving more risky behavior than honest disclosure would have.
- Monogamy, non-monogamy, and sexual community: chemsex often occurred in specific social-sexual community contexts (apps, venues, social networks). Recovery does not require monogamy or the abandonment of specific sexual practices. It requires a sober relationship with whatever sexual community and practices are authentic to the person. Sober queer community, sober sexual community, and recovery spaces that are explicitly LGBTQ+-affirming exist and are findable.

Section 6 — HIV and Health Management in Recovery

THE CENTURION — Protocol 42 Applied — The Firewall Stack for the Person in Chemsex Recovery

The compendium's Protocol 42 provides the complete HIV prevention and management framework. This section applies it specifically to chemsex recovery.

6.1 — If You Are HIV-Negative

- PrEP (Pre-Exposure Prophylaxis): if you are not on PrEP and you were participating in chemsex — start PrEP before any further sexual activity. The compendium calls it 'the Pre-Execution Firewall.' Truvada and Descovy (daily oral) and Apretude (injectable, every 2 months) all provide greater than 99% protection from HIV when maintained. Available through your GP, sexual health clinic, or HIV service.
- PEP (Post-Exposure Prophylaxis): if you had potential HIV exposure in chemsex — start PEP within 72 hours. 28-day course. Earlier initiation = higher efficacy. Ask at any emergency department or sexual health clinic.
- Regular HIV testing: every 3 months while sexually active. The 4th-generation test can detect HIV as early as 18–45 days after exposure. The 'window period' of an older test is not the window period of a modern test.
- Hepatitis C monitoring: if you slamming (IV drug use) was part of the chemsex pattern — hepatitis C testing every 3 months. Hepatitis C is curable. Direct-acting antivirals achieve cure in 8–12 weeks in the vast majority of cases. Getting tested and treated is not complicated. Getting it and not knowing is.

6.2 — If You Are HIV-Positive

The compendium's framework: 'An HIV-positive partner with a suppressed viral load cannot transmit. The virus is present but sandboxed and cannot transmit.' U=U is not a risk reduction strategy. It is a scientific fact established by the PARTNER and PARTNER2 studies covering thousands of serodiscordant couples over years of follow-up.

- If newly diagnosed: connect with an HIV specialist or HIV clinic immediately. Treatment initiation early in infection is strongly recommended. Treatment is a single daily pill for most people. Most people on treatment live normal lifespans.
- If already diagnosed and on treatment: ensure viral load is undetectable before resuming sexual activity without additional prevention measures. If viral load is not suppressed — this is a medical priority. Discuss with your HIV provider why suppression is not being achieved.

- Chemsex and ART adherence: chemsex disrupts antiretroviral adherence significantly. Missing doses of ARTs — even occasionally — allows viral rebound. If chemsex was disrupting your HIV medication adherence, this is a clinical conversation to have with your HIV provider about long-acting injectable ARTs (Cabenuva, monthly or every two months) that eliminate the daily pill adherence variable.
- Mental health and HIV: HIV diagnosis in the context of chemsex recovery carries a specific psychological burden — shame, grief, fear — that requires support. LGBTQ+-affirming mental health care is the appropriate context. Many people living with HIV report that treatment and U=U fundamentally changed their relationship with their diagnosis from catastrophe to manageable chronic condition. That change is available and real.

Section 7 — The Chemsex Craving — Understanding and Interrupting

THE CENTURION — The Craving Is for the Complete State — Not Any Individual Drug

The chemsex craving is architecturally different from single-substance cravings because the object of the craving is not a drug — it is an experience. The craving fires not for meth specifically or GHB specifically or mephedrone specifically, but for the chemsex state in its totality: the sexual intensity, the disinhibition, the emotional intimacy, the sense of belonging, the night (or days) that existed outside ordinary time.

This means the chemsex craving has multiple triggers that single-substance cravings do not. It can be triggered by sexual arousal alone (sexual cue = chemsex cue). By loneliness alone (the belonging function). By a specific app or platform. By a specific time of week. By stress (the escape function). By a specific social network. By the memory of specific people.

Chemsex-Specific Craving Triggers

Trigger	What the craving is seeking	Alternative response
Sexual arousal — any source	The brain that learned that sexual arousal = chemsex fires the chemsex anticipation circuit when sexual arousal occurs. The craving is for the complete state that sexual arousal was previously paired with.	The sexual arousal is real. The chemsex response is conditioned but not necessary. Exercise interrupt. Contact with a recovery person. The arousal will pass without requiring chemsex to resolve it. The flatline means this trigger may be absent in early recovery — when it returns, the interrupts become relevant.
Apps and digital platforms	Grindr, BBRT, and other apps were the primary access pathway to chemsex sessions. The app itself is a compound cue — the interface, the photos, the anticipation all activate the chemsex circuit.	Delete the apps entirely during the first 90 days minimum. This is not avoidance as defeat — it is environmental redesign (Protocol 05) as medicine. If dating apps are eventually reinstated, they should not be reinstated at the same time as chemsex recovery is consolidating.
Friday / Saturday evening (the session time)	The brain trained to expect a chemsex session at specific times of the week will produce the anticipatory craving signal at those times even months into	Pre-plan every Friday and Saturday in the first six months of recovery with structured, high-intensity alternative activities. The craving-time

	recovery.	must be occupied before the craving arrives. Do not leave the weekend unplanned and expect willpower to fill the gap.
Loneliness and social isolation	The belonging and connection that chemsex provided was one of its most compelling functions. Loneliness directly triggers the craving for the experience that reliably ended it.	Contact. Any contact. The chemsex community provided belonging through a specific pathway — recovery community provides it through a different one. LGBTQ+-affirming recovery spaces, twelve-step groups specifically for this population (Crystal Meth Anonymous, SMART Recovery), or any sober community that does not require the abandonment of sexual identity.
Work stress, rejection, or emotional pain	The escape function of chemsex — the way it provided an alternate reality during periods of acute stress — means that any painful experience can trigger the craving for the escape.	Protocol 01 (Shelter) for acute distress. The breathwork practice. Therapeutic contact. The key distinction: coping with distress rather than escaping from it. The contemplative practices that build tolerance for difficult emotional states are the long-term intervention for this trigger.
People from the chemsex scene	Specific people from the chemsex network are compound cues — they activate the entire state. Contact from them, seeing them on social media, or passing them in the community can produce sudden intense craving.	Social media blocks and mute functions are appropriate protective measures, not cruelty. Protocol 08 (social architecture) addresses the full restructuring of the social network that chemsex recovery requires. Some relationships from the chemsex network can be maintained in sober contexts over time — most cannot be maintained in early recovery without unacceptable craving risk.

THE CHEMSEX CRAVING INTERRUPT — 5-MINUTE PROTOCOL

1. NAME THE COMPLETE OBJECT OF THE CRAVING. Not 'I want to use.' What specific experience is the craving seeking? The sexual intensity? The belonging? The escape? The emotional intimacy? Naming the function changes the response from 'resist the drug' to 'find the alternative function.'
2. EXIT THE ENVIRONMENT OR PLATFORM. If you are on a dating app or in a cue environment — exit immediately. If you are alone at home on a Friday

night — change location. Physical and digital environment change is the first action.

3. EXECUTE 4-7-8 BREATHING — SIX CYCLES. The chemsex craving has multiple neurobiological components firing simultaneously. Six cycles, not four, to activate adequate parasympathetic response.
4. TAKE NAC, L-THEANINE, AND MAGNESIUM. The neurochemical urgency underlying the craving has a biochemical component addressable in real time. These are the three most directly relevant supplements for the multi-system craving state.
5. CONTACT — SPECIFICALLY RECOVERY COMMUNITY CONTACT. Not a chemsex contact. Not a social contact who does not know your recovery. Specifically a person who understands chemsex recovery. Crystal Meth Anonymous, a sexual health worker, a recovery worker who knows this community, or a chemsex-informed therapist.
6. EXECUTE HIGH-INTENSITY NATURAL REWARD. Something with genuine intensity — the same intensity threshold that chemsex was providing. Hard exercise, cold plunge, creative work, competitive activity. The Warrior brain's craving requires a Warrior-level response, not a moderate one.
7. DOCUMENT. What triggered it? What function was it seeking? What did you do? What happened to the craving's intensity? After three weeks this data will reveal your specific craving architecture — the patterns, the triggers, the functions — with a clarity that no external observer could provide.

Section 8 — Community, Identity, and the Architecture of Sober Belonging

THE CENTURION — Recovery Cannot Require You to Leave Your Community — It Must Build a Different Life Within It

The most important architectural challenge of chemsex recovery is this: the chemsex scene provided genuine community, genuine belonging, genuine expression of sexual identity, and genuine friendship alongside the substances. Removing the substances without addressing the community function produces isolation — and isolation is the environment in which relapse incubates most reliably.

Recovery from chemsex does not require leaving the gay, bisexual, or queer community. It does not require becoming celibate. It does not require abandoning the sexual identity or practices that were authentic to the person before the chemsex pattern began. It requires building a sober version of the community functions that chemsex was providing — belonging, connection, sexual expression, and the freedom to be fully oneself — through means that do not involve the substances.

Building Sober LGBTQ+ Community

- Crystal Meth Anonymous (CMA): specifically oriented to queer communities affected by meth, with strong presence in major cities. The shared experience of chemsex creates a specific quality of understanding that generalist recovery communities may not provide.
- SMART Recovery LGBTQ+ meetings: secular alternative to twelve-step with increasing LGBTQ+-specific meeting availability.
- Chemsex-specific support services: in the UK, many sexual health and HIV organizations offer specific chemsex support. In the US, organizations including the San Francisco AIDS Foundation, CALLEN-LORDE Community Health Center (New York), and many HIV care organizations offer chemsex-informed counseling. The chemsex-informed therapist is the most valuable clinical relationship in this recovery.
- Sober LGBTQ+ social spaces: sober bars, sober events within Pride communities, LGBTQ+ sports leagues, community organizations, volunteer opportunities. The social fabric of the community does not require substances to exist — but the sober version requires deliberate construction because it is less visible than the substance-organized version.
- The recovery community as a social ecosystem: many people in chemsex recovery find their most authentic community in other people who understand both the specific experience of chemsex and the specific experience of recovering from it. The shared knowledge — of what the drugs felt like, what they cost, what rebuilding looks like — creates a form of intimacy that neither the using community nor generic recovery spaces can replicate.

The Identity Question

THE CENTURION — Who You Are Is Not What You Were Doing

Chemsex recovery often involves a specific identity crisis: 'If I am not the person who goes to sessions, who am I sexually?' For people whose entire adult sexual development occurred within the chemsex context, sobriety does not restore a previous sexual identity — it requires building one.

The compendium's position: recovery is not identity subtraction. The sexual identity — gay, bi, queer, or any other — is not the chemsex. The community belonging is not the substances. The creativity, the vitality, the intensity-seeking that characterized the Warrior brain that found chemsex compelling — these are not the drugs. They are characteristics of the person that existed before the drugs and that remain available to be organized around something other than a session.

The recovery is the construction of a sexual and social identity that does not require substances for access. That construction may take years. It is not a recovery from who you are. It is the discovery of who you are without the filter.

Section 9 — Navigating the Recovery Kernel: Your Protocol Map

Chemsex recovery is the most protocol-dense navigation in this series. The individual substance guides provide the detail for each track. This map coordinates them.

Phase	Protocols	Primary focus	Chemsex-specific notes
Medical Emergency (Days 0–7)	GHB guide (Section 3); Medical provider; Sexual health clinic	GHB withdrawal management; HIV/STI testing; PEP if indicated; PrEP initiation	The first 72 hours are determined by GHB withdrawal management. Everything else follows once the acute medical danger is managed. HIV/STI assessment in the first week is non-optional.
Biological Foundation (Days 1–14)	Protocol 07, 09, 17, 18; Unified supplement stack (Section 4)	Three-track supplement stack; nutrition; hydration; sleep; magnesium Day 1	NAC and magnesium on Day 1 — addressing all three tracks simultaneously. Tyrosine begins Day 3–5. 5-HTP begins Day 1 (evening). The compound stack for all three tracks is established within the first two weeks.
Digital and Environmental Redesign (Days 1–30)	Protocol 05, Protocol 08	Delete apps; social network restructuring; cue removal; chemsex contact management	The apps must come down within the first 24 hours. Not eventually. The chemsex session architecture is primarily organized through digital platforms — environmental redesign must include the digital environment comprehensively. This is the hardest single behavioral change for many people in chemsex recovery.
Genomic Mapping (Weeks 1–4)	Section 15 (Compendium), Section 2 of this guide	COMT, GABRA2, MTHFR, DRD2, SLC6A4, CYP2B6	GABRA2 high-risk is the most important finding for medical team GHB management. COMT Val/Val informs the intensity architecture. MTHFR status confirms 5-MTHF as priority. SLC6A4 short/short identifies the serotonin-primary profile that needs the deepest mephedrone-track support.
Sexual Health and HIV Management (Ongoing)	Protocol 42 (HIV Prevention); Section 5 and 6 of this guide; Sexual health clinic	PrEP or ART adherence; STI testing quarterly; sober sexuality rebuilding; flatline navigation	The sexual health track runs for the entire recovery period — not as a temporary measure but as a permanent practice. Quarterly STI testing, ongoing PrEP or ART adherence, and the gradual rebuilding of sober sexual capacity are lifetime practices, not early-

			recovery interventions.
Community Architecture (Weeks 2–12)	Protocol 04, Protocol 08, Protocol 16; CMA or equivalent	Sober LGBTQ+ community; chemsex-informed support; therapeutic relationship	The community that chemsex provided must be replaced — not with a worse community or a celibate one, but with a sober version of belonging and connection. This is the most important medium-term project in chemsex recovery and the one that most determines long-term success.
Sexual Identity Work (Months 2–12)	Protocol 20, 21, 35S series; LGBTQ+-affirming therapy	Sexual identity construction; shame processing; sober sexuality development; the flatline and its resolution	The specialist Protocol 35S series in Volume VII of the main Compendium provides the detailed framework for this work. An LGBTQ+-affirming therapist with chemsex experience is the most valuable clinical relationship in this phase.
Long Game (Months 6+)	Protocol 24, 25, C-28, C-31; Protocol 35S.d	The Warrior's intensity architecture; purpose; the full sober sexual and social self	The person who has rebuilt their life after chemsex — with genuine community, sober sexual capacity, the intensity architecture their Warrior brain requires, HIV health managed, and the full complement of biological reconstruction — is categorically different from the person who arrived at this series' first page. The compendium was partly written for this person.

A Final Word

THE CENTURION — The Community, the Connection, the Intensity — These Were Real. The Path to Them Does Not Require the Drugs.

The compendium's dedication is for J.P., A.C., J.S., G.F., and C.O. — the ones who ran out of time before anyone told them that what drove them to the substance was biology, not weakness. In chemsex recovery, this dedication has a specific weight: the epidemic that struck LGBTQ+ communities in the 1980s and 1990s produced a community-wide trauma that is still reverberating. The substances that organized around sexuality in those communities did not arrive in a vacuum. They arrived in a context of loss, shame, stigma, and the radical disinhibition that trauma sometimes produces.

The Recovery Kernel does not ask you to perform gratitude for your survival or to minimize what the drugs were providing. They were providing real things — community, connection, belonging, sexual freedom, intensity, the feeling of being fully alive and fully wanted in a world that had told your community it was diseased and disposable.

What the Recovery Kernel offers is the possibility that all of those real things are available without the substances. That the belonging is available in sober community. That the connection is available in genuine intimacy. That the intensity is available in the Warrior constitution's natural capacity for it. That the sexual freedom is available — more completely, more safely, more sustainably — in a sober sexuality built on what you actually are rather than on what the drugs temporarily enabled.

The chemsex trinity was an architecture. A functional, intentionally designed pharmaceutical system for producing specific states. Recovery is the construction of a different architecture for producing those same states — through means that do not deplete the dopamine system, endanger the GABA system, or put the body at risk.

The compendium was built by an architect. It is offered to you as a set of engineering specifications. The building is yours to construct.

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Crystal Meth Anonymous (CMA): crystalmeth.org | SAMHSA: 1-800-662-4357
Never Use Alone: 1-800-484-3731 | RAINN: 1-800-656-4673 | LGBTQ+ Crisis: The Trevor Project: 1-866-488-7386

Crisis: call or text 988 | Emergency: 911 | SAMHSA: 1-800-662-4357

Refer to the Recovery Kernel Complete Centurion Compendium for all referenced protocols.

⚠ HARM REDUCTION RESOURCE — NOT MEDICAL ADVICE